

CLAIMS ONLY

Application Number:

101791,895

Filing Date:

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Indep.	Total Depend.	Total Claims
	Indep.	Depend	Indep	Depend	Indep	Depend			
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Total Indep.									
Total Depend.	15								
Total Claims	16								

* May be used for additional claims or amendments

51	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep.						
Total Depend.						
Total Claims						